



CITY OF RIALTO
BUSINESS LICENSE DIVISION

150 S. Palm, Rialto CA 92376

Tel: (909) 820-2517 Fax: (909) 873-2921

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BUSINESS LICENSE APPLICATION

Please Type or Print in Block Letters

The City of Rialto Municipal Code requires that all businesses pay a business tax, but such payment does not authorize an applicant to do business in the City. All businesses must comply with all city codes and must have the Department of Planning approval prior to opening.

Is this a Home Occupation Business?

☐ Yes ☐ No

There is to be no storage, signs, employees, in/out traffic, large vehicles.

• OFFICIAL USE ONLY •

BUSINESS LICENSE NO. _____

START DATE _____

RATE CODE _____

TOTAL AMT. PAID _____

CHECK ☐ CASH ☐ CARD ☐

POLICE CLEARANCE ☐ INSPECTIONS ☐

MULTI-UNIT ☐ TAXI-CAB ☐

Business Name: _____

Bus. Phone: (_____) _____

Corporate Name:
(If applicable) _____

Bus. Fax: (_____) _____

Business Location:
(Cannot be PO Box)

Number Street City State Zip

Sq Ft of Premises _____

Mailing Address: _____

Number City State Zip

E-Mail: _____

Description of Business Activity: _____

Ownership: ☐ Corporation ☐ Corp-Ltd Liability ☐ Partnership ☐ Sole Proprietor ☐ Limited Liability ☐ Trust

Vehicle Services License Number(s): # _____ # _____ # of Employees: _____

State Lic.# _____ Lic. Type _____ Expiration Date _____ Soc Sec. # _____

Resale # _____ FEIN # _____ SEIN # _____

****Enter Below Names of Owners, Partners, or Corporate Officers****

Name: _____ Title: _____ Phone: (_____) _____

Address: _____ Soc Sec. #: _____
Number Street Name City State Zip

Name: _____ Title: _____ Phone: (_____) _____

Address: _____ Soc Sec. #: _____
Number Street Name City State Zip

****Contractor Information****

Contractor #: _____

Expiration Date: _____

☐ General Contractor - Will there be subs on the project? ☐ Yes ☐ No

A list of all sub-contractors is required of the general contractor of each project in the City of Rialto. A partial list may be accepted, however, it must be updated as contracts are met.

☐ Sub Contractor - Name of General Contractor: _____

Name of Project: _____ Site Phone: _____

Address of Project: _____
Number Street State Zip

****Emergency Contact - Rialto Business Addresses Only****

Name: _____ Phone: (_____) _____

****Alarm Service - Rialto Business Addresses Only****

Name: _____ Phone: (_____) _____

This is not a permit to conduct business in Rialto. It does not sanction any act not otherwise permitted. Applicant must obtain clearance to conduct business from the Planning and Building Department and agrees to comply with all sections of the Rialto Municipal Code. Applicant is responsible for obtaining a State of California Sales Tax number, if necessary, and providing the City of Rialto with such number when issued.

If your surname is not included in the name of your business, you will need proof of a fictitious name registration and publishing or articles of incorporation. If your business requires a resale number or any type of license or permit, you will need to provide documentation that you have completed these required actions.

PLEASE FILL IN THE APPROPRIATE BOXES BELOW, READ AND SIGN.

FOR OFFICE USE ONLY

Estimated Gross Receipts for 12 Months:

(Please see fee schedule summary on the backside of this application)

All businesses are subject to audit.

Thank you for doing business in the City of Rialto

Estimated Gross Receipts \$ _____

No. of Quarters _____

Administrative Fee \$ _____

Business License Tax \$ _____

Other Fee \$ _____

Penalty \$ _____

TOTAL AMOUNT DUE \$ _____

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief

Signature of Owner or Representative _____

Date _____